

are identical in their effects upon serum cholesterol concentrations in man."

Increasing interest in control of hypercholesteremia by regulation of dietary fat has developed because of evidence suggesting that serum cholesterol concentrations are related to hardening of the arteries, the council said. The amount and kind of dietary fat are among the most important factors controlling fat concentrations in the blood, it said. Statistical studies suggest that a relationship between diet, blood cholesterol and the rate of coronary artery disease exists in various populations, it said.

Many studies also have indicated a "close association" between elevation of blood triglyceride concentration and coronary artery disease, the council said. The cause of fat-induced hypertriglyceridemia has not been determined, it said, but some investigators have proposed that it is "probably a rare familial disorder."

The treatment of hypercholesteremia with a low-fat diet is "not effective," the council said. The effect of simply reducing fat intake is to lower blood cholesterol concentration but raise blood triglyceride concentration, it said.

"Increasing the ratio of polyunsaturated fat to saturated fat in the diet is the preferred method for treating the 'usual' hypercholesteremia," the council said.

Alteration of dietary fat is usually not necessary

in the treatment of obesity on the basis of current scientific evidence, the council added.

The basic cause of obesity is an intake of calories in excess of what the body needs, the report said. Treatment consists of reducing total caloric intake, it said.

The report, entitled "The Regulation of Dietary Fat," also discusses the chemistry and metabolism of fats and other disease situations in which fat modification is indicated.

It was prepared by the ad hoc Committee on Dietary Fat Levels of the council. Members of the committee are David B. Hand, Ph.D., Geneva, N. Y., chairman; Elizabeth K. Caso, D.P.H., Boston; William J. Darby, M.D., Nashville, Tenn.; Charles S. Davidson, M.D., Boston; Paul L. Day, Ph.D., Bethesda, Md.; George V. Mann, M.D., Nashville, Tenn.; Robert E. Olson, M.D., Pittsburgh, and Philip L. White, Sc.D., director of A.M.A.'s department of foods and nutrition, Chicago.

PROGNOSIS OF HENOC-SCHÖNLEIN NEPHRITIS—F. B. Roberts, R. J. Slater, and B. Laski, *Canad. Med. Assn.*, 87:49 (July 14) 1962.

Only 2 of 50 children were found to have abnormal Addis counts 6 months to 8 years after having had anaphylactoid purpura. Also 23 of 35 patients with Henoch-Schönlein nephritis underwent remission while being followed. These results are significantly different from those reported by other current authors. This difference may reflect variable etiological factors in different centers.

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